PATENT Attorney Docket No. 101.0093-00000 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

In re Application of:

Gary K. Michelson

Serial No.: 10/085,406

Filed: March 1, 2002

Confirmation No.: 6768

MAR 0 9 2004

Group Art Unit: 3732

Examiner: M. Priddy

For: ARCUATE DYNAMIC LORDOTIC) Examiner: M. I

GUARD WITH MOVABLE EXTENSIONS FOR CREATING AN

IMPLANTATION SPACE POSTERIORLY IN THE

LUMBAR SPINE (as amended)

OFFICIAL

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Restriction Requirement dated February 13, 2004, Applicant provisionally elects to prosecute claims 1-115 drawn to Group I, Species B. In addition, the following amendments and remarks are submitted:

Amendments to the Title begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 15 of this paper.

MAR 0 9 2004

MARTIN & FERRARO, LLP 1925 Century Park East, 17th Floor Los Angeles, California 90067

Telephone (310) 286-9800

Facsimile (310) 286-2795

FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Examiner M. Priddy

Name:

Amedeo F. Ferraro

Firm: U.S. Patent & Trademark Office

Phone No.: 310-286-9800

Fax No.: 703-872-9302

No. of Pages (including this): 18

Subject: U.S. Patent Application No. 10/085,406

Date:

March 9, 2004

Gary K. Michelson

Filed: March 1, 2002

Confirmation Copy to Follow: NO

ARCUATE DYNAMIC LORDOTIC GUARD WITH MOVABLE EXTENSIONS FOR CREATING AN

IMPLANTATION SPACE POSTERIORLY IN

THE LUMBAR SPINE (as amended)

Attorney Docket No. 101.0093-00000

Customer No. 22882 Confirmation No. 6768

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate) and Reply to Restriction Requirement are being facsimile transmitted to the U.S. Patent and Trademark Office on March 9, 2004.

Sardra L. Blackmon

If there is a problem with this transmission please call Sandy Blackmon at 330-877-1202 or the sender at the number above.

The information contained in this facsimile message is privileged and confidential information intended only for the use of the addressee listed above. If y u are not the intended recipient or the employee or agent responsible to deliver this message to the intended recipient, please do not use this transmission in any way, but contact the sender by telephone.

FORM PTO-1083

18:11

03-09-2004

Attorney Dacket No.: 101,0093-00000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gary K. Michelson Serial No.: 10/085,406 Filed: March 1, 2002 For: ARCUATE DYNAMIC LORDOTIC GUARD WITH MOVABLE EXTENSIONS FOR CREATING AN IMPLANTATION SPACE POSTERIORLY IN THE LUMBAR SPINE (as amended)

Confirmation No.: 6768 Group Art Unit: 3732

Examiner: M. Priddy

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir.

Transmitted herewith is a reply to the Office Action dated February 13, 2004 in the above-identified application.

No additional fee is required.

Applicant hereby requests a ***month extension of time to respond to the above office action.

bec been calculated as shown below:

	(Col 1) Claims remaining After amendment		(Col 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	116	-	159	4+	0	LG=\$16 g SM=\$8	18	\$	0
INDEPENDENT CLAIMS FEE	2	-	3		0	I.G=\$86 SM=\$43	88	\$	- 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145								\$,	0
						TO	TAL	\$	٥

If the ontry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amondment or the number of dame originally filed.

A check in the amount of \$____ to cover the additional claims fee is enclosed.

A check in the amount of \$___ to cover the three month extension of time fee is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

FERRARO. I.L

medeo F<u>. Fern</u>tro Registration No. 37,129

Date: March 9, 2004

1557 Lak O'Pines Street, NE manville, Ohlo 44632

Telephone: (330) 877-0700 Facsimile: (330) 877-2030